Case 4:04-cv-30176-FDS Document 18

18 Filed 09/28/2004 Page 1 of 2 **PROCESS RECEIPT AND RETURN**

U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Got Stern et al	OY W 3017	6-44-F2S
Musulusetts board of Higher Education	etal TYPE OF PROCESS Of Mo-	tion
SERVE MAME OF INDIVIDUAL TOMPANY, CORPORATION, ETC., TOISERVE OR	DESCRIPTION OF PROPERTY TO	SEIZE OR CONDEMN
ADDRESS (Street or RFD, Apartment No., Six) State and ZIP Code) AT AT ADDRESS (Street or RFD, Apartment No., Six) State and ZIP Code)	BOSTON, MASSAC	HUSETTS, ONL
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be I served with this Form - 285	3
400 WEST MAIN ST	Number of parties to be	
North Adams MA. 01247	served in this case	
	Check for service on U.S.A.	□ .S Ø
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING Telephone Numbers, and Estimated Times Available For Service):	SERVICE (Include Business and A	
Fold '		
	σ-	ON. T
	U	ASE D
	 设	VICI
Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF	TELEPHONE NUMBER	DATE
765T FEW DEFENDANT	(413)664-7805	9/7/04
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELOV	W THIS LIPIE
I acknowledge receipt for the total number of process indicated. Total Process District District Signature of Author to Serve	rized USMS Deputy or Cleri	04 it Plate
(Sign only first USM 285 if more than one USM 285 is submitted) No. 38 No. 38	W. Spelly	9/1./04
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have even on the individual, company, corporation, etc., at the address shown above or on the individual, company		
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	c., named above (See remarks below	w)
Name and title of individual served (if not shown above)		uitable age and dis
MUGGLA WILLIAMS MARLEBAL	usual place of	abode.
Address (complete only if different than shown above)	Pay of Service	fime 955 (_ain)
	Signaffro of V	Marshel or Deputy
	Uran	UR
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits (including endeavors)	Amount owed to U.S Marchal or	Amount of Refund
45.00 45.02	en la	· ————————————————————————————————————
REMARKS:	C27 •	

Westeld States Histrict Court Westeld District of Musulusetts
Gott Gern, et al
SUMMONS IN A CIVIL CASE
V. CASE NUMBER: 04 W 30176 - 11 - 12 505
Mussachusetts board of Higher Education
Massachusetts Board of Higher Education FDS et al
Musadwisets bound of Higher Education One Methorton Male From 1401 BOSTON, Masadusetts 02108
one Meliburton Mare
from 1401
YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)
/ ///
Scott Stern
North Adams, ULA. 01247
North Halaus, MH. 0124/
· ·
an answer to the complaint which is herewith served upon you, within 20 days after
service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a
reasonable period of time after service.
TON SNIAGTAS
CLERK DATE
100 PA 01
(BY) DEPUTY CLERK